

II. Total Extirpation and Amputation in Carcinoma of the Uterus. By DR. A. W. C. BERNES (Amsterdam). This is an exhaustive critique of the relative value of the methods of total extirpation of the uterus, either by Freund's method or the vaginal method, and the supravaginal or high amputation of the cervix uteri for carcinoma. In cases of carcinoma of the body the vaginal total extirpation is indicated, if the body of the uterus is not excessively large and capable of being delivered through the pelvis. In beginning carcinoma or cancroids of the cervix the various schools are still antagonistic as to the proper course. If there is a return of the disease in supravaginal (high) amputation of the cervix the author maintains that the best interests would be subserved if in all cases the total extirpations were always substituted for the supravaginal amputation. Certain it is that by the total removal of the organ (uterus) the chances of a return of the disease are much reduced. Those cases recorded by Ruge and Veit in which the supravaginal amputation has secured to the patient an immunity from return of the disease, are, by their own admission, erosions of the cervix just beginning, if at all, to degenerate (?) into carcinoma. In well marked cancroids of the portio Hofmeier also has recorded a return of the disease in a large percentage of supravaginal amputations. The author says that the future statistics will favor, in the hands of advanced operators the total extirpation. He appends 15

cases of carcinoma of the cervix and body, operated upon in his clinic under these principles. In eight of these cases the disease involved the cervix only; author here performed total extirpation of uterus.—*Zeitsch f. Chir.* bd. xxvii, heft. 5 and 6.

H. KOPLIK (New York).

III. Hydrosalpinx. A New Mode of Electrical Treatment. By DR. S. APOSTOLI (Paris). The following is the author's summary of the case (abbreviated). Patient, æt. 25 years, general health good. Three full natural pregnancies; abortion at two months on Sept. 21, 1887, (20 days after violent fall on back). Then, incessant pain, violent menorrhagia, general ill health, sharp pain in right iliac fossa; no antiseptic precautions. Oct. 27, came to clinic. Swelling of whole

upper part of vagina with fluctuation on the right side. Oct. 27, first galvano-puncture, negative, on left side, vaginal, 100°, five minutes. Remained in bed 48 hours, with some relief on the following days. Nov. 2, second galvano-puncture, negative, vaginal, in the *cul de sac*, right side, one centimetre, 140°, 5 minutes. Two days later spontaneous opening of cyst and discharge of fluid, no pus or blood. End of pain and diminution of swelling. Nov. 15, first appearance of menstruation since abortion; flow continued for three days, pain on left side only. Since then all has been natural, locally and otherwise, and patient worked hard even at menstrual periods.—*Brit. Med. Jour.*, May 12, 1888.

C. B. KEETLEY (London).

IV. Tubal Pregnancy. By LAWSON TAIT F. R. C. S. (Birmingham). Patient, æt. 27 years, married six years, but never pregnant, menstruated regularly till Christmas, then she had missed till March, during the whole of which time she was confined to bed by what she called inflammation of the womb. She recovered enough to get up, but on the second day of her getting out of bed she was suddenly seized with acute, violent pain, which from the description was probably an acute attack of peritonitis. Soon after a tumor was recognized on the left side of the uterus. Had several attacks of peritonitis. When seen by Mr. Tait she was emaciated, in constant pain, quite unable to get about, and evidently suffering from pus in the pelvis. Examination revealed a tumor as large as a foetal head on the left side of the pelvis. Suppuration of left Fallopian tube was diagnosed, no idea of pregnancy being entertained. The abdomen was opened, and the following state disclosed: Omentum glued over contents of the pelvis and below it several coils of intestine adherent, on removing these a cavity was opened up containing a quantity of extremely fetid, purulent fluid. Cavity was as large as a Jaffa orange, and a mass was encountered easily recognized as a piece of placenta. It was now seen that the cavity was a dilated Fallopian tube, forming the anterior, posterior and lower walls, whilst the upper part was formed by the coils of intestine and omentum. All round the cavity were